

## **The Department of Vermont Health Access Medical Policy**

### **Subject: Mechanical Ventilation for In-Home Use**

**Last Review:** April 4, 2017\*

**Revision 4:** April 25, 2016

**Revision 3:** February 20, 2015

**Revision 2:** June 11, 2013

**Revision 1:** September 14, 2011

**Original Effective:** 2004

**\*Please note: Most current content changes will be highlighted in yellow.**

### **Description of Service or Procedure**

A ventilator is a device which moves air in and out of the lungs for an individual who requires mechanical assistance to breathe.

- Invasive ventilation: ventilator generated breathing through an artificial airway positioned in the trachea.
- Noninvasive ventilation: ventilator generated breathing through the upper respiratory tract via mask or mouthpiece.
- Negative pressure ventilator: noninvasive device which moves air in and out of the lungs by creating negative pressure around the chest. This creates a vacuum, via a chest shell, body tank, or body jacket.
- Positive pressure ventilator: invasive or noninvasive device that delivers positive pressure gas flow (air or oxygen) to the lungs to a preset volume. Some individuals who can be ventilator-independent for part of the day may use positive pressure ventilation to assist nighttime breathing.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.



## **Medicaid Rule**

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[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

## **Coverage Position**

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A ventilator and accessories for home use may be covered for beneficiaries:

- When a ventilator and accessories are prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of ventilators and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

## **Coverage Criteria**

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This device may be covered for beneficiaries who require mechanical assist to breathe and:

- Have had a full evaluation to determine the need for a ventilator, and the most appropriate type of ventilator, with a physician who is skilled in respiratory assisted ventilation and/or pulmonology medicine AND
- Have been evaluated for strategies to minimize ventilator use (weaning or partial weaning from the ventilator) including breathing techniques and diaphragmatic pacer devices.
- Agencies providing staff to care for members on a home ventilator must have policies and procedures in place. Staff must be adequately trained with documentation of performance and skills prior to providing care.
- Agency caregivers should be provided educational opportunities to remain abreast of current practice and technology.
- Family members must be adequately trained, with documentation of competency of the skills as determined by a return demonstration, prior to caring for the member in the home.
- Alarms and ventilator settings should be monitored to ensure member safety.
- Family/member should have access to a trained professional in respiratory care and ventilator management for technical and clinical support 24 hours a day.

Please note: Backup ventilators are not covered. If the individual is determined to have a medical necessity for a positive pressure ventilator for certain times and a negative pressure ventilator for other times, they may receive coverage for both types of ventilator with clinical documentation.

## **Clinical guidelines for repeat service or procedure**

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Repeat service is limited to the guidelines above.

## **Type of service or procedure covered**

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Ventilator and related supplies and services. Mechanical Ventilators are always rented and all supplies are included in the rental rate.

## References

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